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STATEMENT OF

FORM 1	ORGANIZ (See instruct			24
NAME OF COMMITTEE (in	(Check if name	Example: If typying, ty over the lines	pe 12FE4M5	Office use only
UNITED FOR I	PROGRESS LEADERSHIP COM	MITTEE		
ADDRESS (number and	street) PO BOX 285			
(Check if address is changed)				
	MASCOUTAH			62258 -
		CITY	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	Unitedforprogres@	aol.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	s <u> </u>			
			<u> </u>	
2. DATE 0 3				
3. FEC IDENTIFICA	TION NUMBER	C C00429787		
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED	(A)	
I certify that I have exam	ned this Statement and to the best of my ki	nowledge and belief it is true, co	orrect and complete	
Type or Print Name of	Treasurer Mr. David Wag	ner		
Signature of Treasurer	Electronically Filed by Mr. Davi	d Wagner	Date 0 3	28 / 2009
NOTE: Submission of fa	lse, erroneous, or incomplete information m			
Office Use Only		For further information of Federal Election (Toll Free 800-424	Commission -9530	FEC FORM 1 (Revised 02/2009)